

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>2173</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New York Twp.</u> c. LENGTH OF STAY (in this place) <u>6 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New York Twp.</u> d. STREET ADDRESS (If rural, give location) <u>3/4 Mi East of Gould Farm</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Marie</u> c. (Last) <u>Brooke</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>4</u> <u>1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 20 1942</u>	
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles L. Brooke</u>				13b. MOTHER'S MAIDEN NAME <u>Eva Viola Pence</u>		14. NAME OF HUSBAND OR WIFE <u>XXXX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles L Brooke</u> ADDRESS <u>Cowgill, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute rheumatic fever</u> ANTECEDENT CAUSES DUE TO (b) <u>Dextrocardia</u> DUE TO (c) <u>Congenital defect</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 years</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 19 <u>49</u> , to <u>Feb 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 3rd</u> , 19 <u>49</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank R. Daley M.D.</u>				23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>2-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spawell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New York Twp Caldwell Co MO</u>	
DATE REC'D BY LOCAL REG. <u>2-12-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		373 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brown Funeral Home</u>		ADDRESS <u>Hamilton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamlet, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.